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# Academic Records Request

Office of the Registrar • 1750 Independence Ave., Kansas City, MO 64106 • p. 816.654.7190 • f. 816.654.7191 • [registrar@kansascity.edu](mailto:registrar@kansascity.edu)

Once the form is complete, including a physical signature, please submit to the Office of the Registrar.

**This form is intended for use by graduates/former students only.**

## Student Information

Name \_\_\_\_\_ Former Name \_\_\_\_\_

SSN# Last four digits \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Student ID \_\_\_\_\_

Graduation Year or Last date of attendance \_\_\_\_\_ Program: \_\_\_\_\_ Campus:  Kansas City  Joplin

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

## Request

**NOTE:** Most documents requested can be sent electronically.

**Verification Form** Please provide the name/type of form \_\_\_\_\_

**Letter of Verification of Graduation**

**Workday Password Reset\***

**MSPE (Dean's Letter)**

**Copy of Diploma\*\*** – Certified Paper Copy Certified PDF

**Other\*\*** Please specify \_\_\_\_\_

\*Available only to students who graduated/separated from KCU within the last 18 months. The email address listed above will be used for the password reset.

\*\*Available only if copy is on file in the Office of the Registrar.

**Special Instructions:**

## Delivery

Select one of the following.

**Email** to the following address: \_\_\_\_\_

**Upload** to \_\_\_\_\_

**Mail** to the following location(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_